U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE STATEMENT		Docket Number 10191/3421		
Application Number To be assigned	Filing Date Herewith	Examiner	Art Unit To be assigned	
Invention Title CAPACITIVE MICROMECHANICAL PRESSURE SENSOR		Inventor(s) Torsten OHMS, Gottfried FLIK, Gilbert MOERSCH and Oliver STOLL		

Address to:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- In accordance with the duty of disclosure under 37 C.F.R. § 1.56 and in conformance with the procedures of 37 C.F.R. §§ 1.97 and 1.98 and M.P.E.P. § 609, attorneys for Applicant hereby brings the following references to the attention of the Examiner. The references are listed on the attached modified PTO Form No. 1449. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.
- 2. A copy of each patent, publication or other information listed on the modified PTO form 1449 is enclosed, except as otherwise indicated on the modified PTO form 1449.

Dated: 3/26/04

Bv.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT PTO FORM 1449

Atty. Docket No. 10191/3421	Serial No. To Be Assigned		
Applicant(s) Torsten OHMS, Gottfried FLIK, Gilbert MOERSCH and Oliver STOLL			
Filing Date Herewith	Group To Be Assigned		

U. S. PATENT DOCUMENTS

EXAMINER'S INITIALS	PATENT NUMBER	PATENT DATE	NAME	CLASS	SUBCLAS S	FILING DATE

FOREIGN PATENT DOCUMENTS

						TRANS	SLATION
EXAMINER'S INITIALS	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB-CLASS	YES	NO
	101 21 394	Nov. 7, 2002	DE			X*	
	100 24 266	Nov. 22, 2001	DE			X*	

^{*}Cited in specification.

OTHER DOCUMENTS

EXAMINER'S INITIALS	,	AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.
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EXAMINER	DATE CONSIDERED			
EXAMINER: Initial if citation considered, whether or not citation is in conformance with M.P.E.P. 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.				